

## Lure of new career proves strong for some MDs, but the decision should not be made hastily

Laura Byrne Paquet

**Résumé :** Même s'il faut des années pour devenir médecin, certains médecins ont découvert, après avoir commencé à pratiquer, qu'ils étaient attirés par un autre domaine. L'auteur a interviewé sept médecins qui ont changé de carrière. Un est devenu journaliste à la télévision, un autre, avocat. Ils avaient en commun un désir de revitaliser leur vie professionnelle. Ils soulignent toutefois qu'une telle décision ne doit pas être prise à la légère et que les médecins qui changent de carrière devront souvent accepter un revenu moins élevé.

**A**fter slogging their way through medical school and then spending years completing postgraduate training and building up a practice, most physicians are content to breathe a sigh of relief and reap the benefits of all their hard work: a secure livelihood, the respect of their peers and the chance to make a difference in the lives of sick people.

But when some physicians reach the top, they begin to wonder

if they have climbed the right mountain after all. Many take advantage of chances to contribute in other fields, or seek ways to use latent skills.

I interviewed seven Canadian physicians who have followed atypical career paths, each for their own reasons. John Bonn became an anesthesiologist and then went to law school. Patricia Huston, first a nurse, then a doctor, is now associate editor-in-chief of *CMAJ*. Alex McPherson is president and chief executive officer (CEO) of a biotechnology company. Brian Goldman uses his medical training as a reporter on CBC-TV's *The Health Show*, while Jack Micay makes films on scientific topics. Grant Hill is a member of Parliament. And Stirling Sublett left family practice to become a freelance writer, then returned to medicine as an on-call surgical assistant.

These seven physicians have pursued different career paths, but they all have one bit of advice for doctors considering a job switch: if you really want to change careers, don't wait for a "perfect" opportunity.

"Don't set up all the negatives in a row and try to balance them with the positives," says John Bonn, who entered law school at age 44 and is now practising law in Kingston, Ont. "Just set your mind to do it and do it."

Brian Goldman agrees. "Life's too short . . . to sacrifice something you really want to do for something else you feel is safe and secure." However, Goldman warns that doctors who are uncertain whether they want to leave medicine should try out the alternate career on a part-time basis before taking the full-time plunge.

---

Medicine is a lot like the Hotel California:  
You can check out any time you like, but you  
can never leave.

---

*Laura Byrne Paquet is a freelance writer living in Ottawa.*

That's the way his own career evolved. Shortly after graduating from the University of Toronto in 1980, he took a journalism course. That led to his first published article, a piece on breast cancer that ran in the *Globe and Mail*.

He continued to combine freelance writing with his work in emergency medicine. At first he concentrated on print journalism — he is a longtime contributing editor at *CMAJ* — but in 1986 he took a course in radio-documentary writing at Ryerson Polytechnical Institute in Toronto. That led to programs on CBC Radio. Later, he began teaching radio at Ryerson. In 1993, one of his former students recommended him to the producer of a new CBC-TV program, *The Health Show*.

Although he has full-time reporting responsibilities with that weekly program, Goldman also spends 1 day a week at his private practice in chronic pain management, and takes limited shifts in the Emergency Department at Toronto's Mount Sinai Hospital. The CBC supports that type of work because it wants him to keep in touch with the medical community and patients. And Goldman himself was reluctant to give up medicine com-

pletely for the unstable world of journalism.

Goldman is not alone in juggling clinical work with a separate career. During interviews with physicians who have changed jobs, it became clear that medicine is a lot like the Hotel California that the Eagles used to sing about: you can check out any time you like, but you can never leave. All of them have maintained some sort of link to clinical practice, whether by working 1 day a week in a clinic or serving as on-call surgical assistants.

"It's quite easy to live a kind of ivory-tower existence working for a medical journal," says *CMAJ*'s Patricia Huston. She continues to work a half-day each week in a long-term-care hospital in Ottawa, and keeps her skills up to date through continuing medical education seminars. "I think that's helpful both as a physician and as an editor, to stay somewhat current in the field."

Alex McPherson is now president and CEO of Biomira Inc., an Edmonton-based biotechnology company that develops products for the diagnosis and treatment of cancer. Formerly the medical director at the Cross Cancer Institute (and a

past president of the CMA), he continues to work in the institute's outpatient clinic a half-day a week. That work, he says, provides him with a "reality check." It allows him to see the daily life of the cancer patients Biomira's research programs are supposed to help.

"It is absolutely a wonderful thing, and the Cross pays me on a sessional basis to attend that clinic," he says. "I should pay them!"

One doctor even puts up with constant cross-country travel in order to maintain his medical licence. Grant Hill says he always enjoyed his life as a small-town GP, but was dissatisfied with some aspects of national politics — notably economic issues and the looming problems facing health care.

As the new Reform Party member of Parliament for the Alberta riding of Macleod, Hill is a familiar sight on flights between Ottawa and Alberta. As this article was being written, he was in the midst of selling his practice, although he plans to return to medicine after his stint in Ottawa. "I never wanted to be a career politician," he explains. To keep his skills sharp, he plans to fill in for surgeons at the High River Hospital during busy periods.

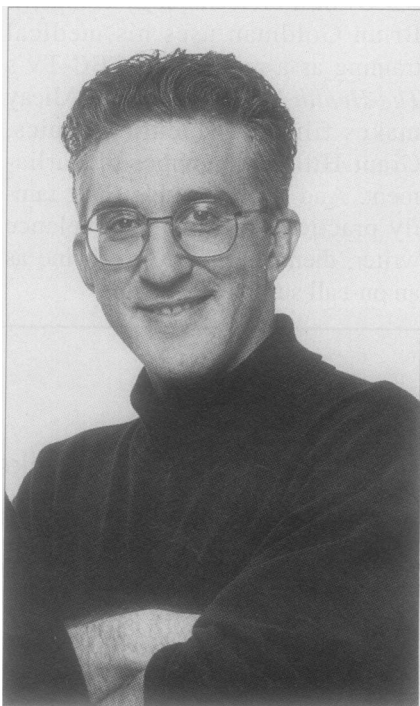
In contrast, filmmaker Jack Micay says that after many years of juggling medicine and the media he has decided to commit most of his energies to his Toronto company, MediCinema. But he still works in a clinic 1 day a week. "Psychologically," he says, "I don't want to give it up."

However, one former GP left his practice for a career as a freelance writer, only to find that the on-call surgical assisting he did to maintain his licence was the most fulfilling occupation of all.

Stirling Sublett of Cambridge, Ont., had become frustrated by family practice. "It was kind of an ocean of problems, with no beginning and no end," he says. "I like to have things started and finished and be done with it." He also found the lack

"Life is too short . . . to sacrifice something you really want to do for something else you feel is safe and secure."

— Dr. Brian Goldman



of appreciation by patients disheartening: "Patients rarely thank you."

A career counsellor determined that Sublett was a perfectionist who enjoyed working with words and ideas, and suggested that he pursue work as a librarian or journalist. In 1990, Sublett began submitting freelance articles to medical publications. He also wrote a medical column for the local newspaper. But the lower income was hard to accept, and his writing career failed to provide the personal rewards that had been lacking in family practice. "I never got any feedback," he says of his newspaper columns. "I didn't stimulate any letters to the editor, and I found that disheartening."

On the bright side, his work in the operating room of a local hospital was increasingly satisfying. Sublett began to cut back on his writing to concentrate on on-call work. This satisfied many of his career goals.

In the operating room, he can start and finish a case, do as good a job as possible, and then move on. Problems don't linger on as they do for a GP, and every time a surgeon asks for his assistance it reveals that his skills are appreciated.

Just as Sublett decided to use his medical background in his writing career, most other doctors who switch careers try to make use of their medical expertise in their new professions. Bonn, who graduated from law school at Queen's University in 1990, works on medical-related cases in his law practice. Similarly, Hill is a member of the Health Care Committee of the Reform caucus, and Micay and Goldman use their medical backgrounds to come up with ideas for television pieces and films. "The last thing you want to do is develop all this great knowledge and skill and not use it in some tangible way," says Goldman.

If medicine continues to hold their interest, why did they leave in the first place? The answers are as varied as the doctors themselves.

Biomira's McPherson claims that he has changed jobs so often

that his colleagues get suspicious whenever he stays somewhere longer than 5 years. "I'm known as a professional has-been," he says with a laugh.

Until 1981, he pursued what he calls "an absolutely classic medical career" as an applied and clinical research scientist in immunology and oncology at the University of Alberta. Then the Alberta Medical Association (AMA) asked him to help with a study of salaried physicians. That was his first taste of organized medicine, and he found he enjoyed it. He later served as president of the AMA and CMA, as Alberta's deputy minister of health, and as a member of several health-related organizations, commissions and boards. In 1992, after serving on Biomira's Board of Directors, he became the firm's president and CEO.

For McPherson, one of the key attractions of Biomira was the chance to help make a major contribution to cancer research. The company, which has close to 200 employees, spends in excess of \$5 million a year on research and development involving breast cancer treatment. With his background in academe and government, he found the corporate world offered some refreshing changes.

"The thing that really, really

makes me jump out of bed and run to work in the morning is the fact that a small company like this can make quick decisions," he says enthusiastically. Its employees can recognize a problem in the morning, have a meeting, and then start fixing the problem that afternoon. "You couldn't do that in 3 months in most of my former lives!"

For Goldman, the opportunity to be creative makes journalism attractive. "In medicine, you have to conform, you have to practise according to a standard," he says. "The rules are always there." And if a doctor wants to pursue a new specialty such as endocrinology, it takes years of training to make the switch. As a journalist, however, Goldman can be a generalist, immersing himself in a completely new topic every week, writing the story, and then moving on to another area of interest.

For Huston, who graduated from the University of Calgary in 1984, an interest in writing runs in the family — her sister, Nancy, is an award-winning novelist who lives in Paris. She cites variety as a attractive element of her position at *CMAJ*. "I love editing. I love . . . not knowing what's going to show up on my desk the next day." She also enjoys having more regular hours



"I love not knowing what's going to show up on my desk the next day."

— Dr. Patricia Huston

and reduced levels of stress. "You're never dealing with life-and-death situations," she explains. "Although you may have to work overtime, and are exposed to public scrutiny, you aren't called at 2 am for an emergency."

Many might think moving from medical practice to law school wouldn't offer a great reduction in stress, but Bonn says it was a pleasure to hit the books again. He had briefly considered going to law school immediately after graduating from medical school, but decided to concentrate on his expanding medical career. Years later, he was elected to the Council of the College of Physicians and Surgeons of Ontario.

"After 4 or 5 years I was impressed — or perhaps unimpressed — with the influence that legislators and law [were] having on the way we were practising medicine," he says. It became evident that if he was ever going to understand the way lawyers think, he'd have to become one. But this was not a spur-of-the-moment decision. "There was no great flash telling me to go to law school," he says.

Bonn and his wife sat down and made some difficult economic

decisions. They had two children who were already in university and another hoping to attend soon. "When I sat down and looked at the balance sheet in 1986 and said, should I do it or shouldn't I do it, there's no way that there was a balance," he says. But he didn't want to reach retirement and regret that he hadn't tried.

Hill's decision to run for Parliament also meant a potential cut in salary, one which he and his wife discussed thoroughly. "We will be very frugal with our spending habits and I'll watch very carefully how the pennies are spent now," he says.

Goldman combines medicine and journalism for financial as well as psychological reasons. "There's no question that the best-paid reporter at the CBC doesn't make the kind of money that a physician just starting out in practice can make," he concedes. "It's important to make plans to ease the transition into what may be a lower-income bracket."

Huston is in a similar position, but has no regrets. "A busy person in private practice could certainly make more money than I could here," she admits, "and some colleagues might think I'm crazy from an economic

point of view. But from a job satisfaction point of view, I'm very happy."

Family support is crucial to physicians' decisions to change careers. Not only is there often a drop in family income to cope with, but also there are other lifestyle changes to consider. Hill is now in Ottawa for part of every week, for instance, and Bonn's time became extremely limited as he juggled lectures and studying with shifts at the hospital. "You need a lot of cooperation and encouragement, especially from your wife and family," says Bonn.

Their medical colleagues were, by and large, supportive of their decisions to change or combine careers, say most of the doctors. McPherson, Huston and Goldman had already moved between fields before taking on their present positions. Others, like Hill, took their colleagues completely by surprise, but still received support.

Many speak warmly of fellow physicians who allowed them to create the flexible schedules needed to study or work part time in their second fields. And few colleagues have criticized them for moving in a different direction. In fact, the idea of a second career interests many of their fellow doctors.

Goldman often shoots footage for his CBC reports at Mount Sinai, and frequently finds colleagues trying to wander into the picture. Micay says his physician friends are "intrigued" by his filmmaking activities. "Most doctors are frustrated something-or-others," he says.

Leaving medicine for another career is a difficult decision. "If you don't like what you're doing, it's important to make a change," says Sublett. "But not everybody can do that."

All the physicians emphasized that it is crucial to consider all options. "It is possible to practise medicine on a part-time basis," says Micay. "If you're willing to make the financial sacrifice, you can make time for something else." ■

---

**"There was no great flash telling me to go to law school."**

**— Dr. John Bonn**

---

